that coveted final degree in 1994. The University of Southern California bestowed on her the title of doctor of education in educational planning, policy, and administration.

Dr. Inos immediately placed those three areas of expertise in the service of students and the educational system in her home. The newly minted doctor of education became commissioner of education responsible for all of the public schools in the Northern Marianas.

Her list of accomplishments in that position is considerable.

She established a data-driven assessment system of student achievement that anticipated the requirements of No Child Left Behind.

She implemented a standards-based curriculum and method of instruction, and set rigorous graduation requirements for students in the core curriculum areas.

She secured the funding to build new schools—Sinapalo Elementary, Dandan Elementary, Chacha Oceanview Junior High, Saipan Southern High and Kagman High—in response to a 30 percent growth in student population.

□ 1500

She helped found two alternative education settings for Marianas students, the Advanced Development Institute at the three Saipan high schools and the Linala Malawasch Academy at Hopwood Junior High School. And she set the guidelines for the public school system that continue in use today: high student performance, safe and orderly schools, quality teachers, administrators and staff; and effective and efficient operation.

Dr. Rita Hocog Inos was an incredible source of good for the Northern Mariana Islands and for every student in our public schools, throughout her life and surely for many years to come. She left us too soon. But she left us so much, including one final gift, for in her final days, Dr. Inos had returned to her first love, preserving the indigenous language of the people of the Northern Mariana Islands. Even as her body failed her, her mind remained sharp, and her will unbending. I am told that she learned the revised Chamorro dictionary that was her final project was ready for publication the day before she died. And, I am told, then she was at peace.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. DEAL) is recognized for 5 minutes.

(Mr. DEAL of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. CHU) is recognized for 5 minutes.

(Ms. CHU addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Mr. KAGEN) is recognized for 5 minutes.

(Mr. KAGEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Madam Speaker, it's a treat to be able to join my colleagues today here on the floor of the U.S. Congress talking, once again, about a subject that has absorbed the attention and energies of Americans now for a number of months, the subject of American health care.

This is a big subject. It involves 18 percent of our entire gross domestic product. If you take a look at the hospitals, health care providers and doctors and all, you're looking at 18 percent of the U.S. economy. So from an economic point of view, it's a big deal. But we know it's a bigger deal than just that. We know it's a big deal because it's dealing with our personal bodies. It's a personal issue. And it's something that has to be done, and it has to be done the right way.

There are many different ways of looking at and talking about the subject of health care, and I'm going to be going through those. I anticipate being joined by some of my colleagues and friends here talking about this issue, but I thought I might start a little bit differently this week than I have in some past weeks on health care and read excerpts from a letter that I have received from a lady I have known for a good number of years. It turns out that she works in Europe, Eastern and Western Europe, has had a family over there for more than 10 years and has had access to the health care in a number of different Eastern and Western European countries.

So I thought I would share some of her comments as she hears about our debate here in the United States on the subject of health care and has shared some of her personal experiences from having lived there. She starts by saying, The first thing I note about the system of health care is that people who want really good health care travel to the U.S. if they can at all.

It's interesting, isn't it? People in Eastern Europe or Western Europe, if they want really good health care, they travel to the U.S. So regardless of what we say may be broken about our system, certainly they prefer to do that if they can. In fact, some of the immigration to our Nation is based upon older people wanting better health care. And when you observe that with government-regulated health care, older people can get two free cancer treatments, and then they must consent to go home and prepare to die, you understand why the world envies our tradition of health care in America.

She continues: My family have had surgeries, transplants, various tests and medical maintenance checkups in facilities in a number of countries where medicine has long been regulated by the government. My first introduction to this was hearing a national friend express her joy, and others, by this statement: God has been so good to my mother. She got in a hospital where the staff mops the floors and changes the sheets. For an American used to even community health clinics that surpass some of the westernized, that is, these European specialized clinics, that I have seen in Europe, this was a shocking first revelation that government-run health care was not all that it had been cracked up to be.

Then she goes on and talks about some different people that might be getting health care. The first category she talks about is the elderly. She goes on: Later as I became a regular visitor in middle-class hospitals, I saw firsthand how very fortunate we are in America. I speak here of hospitals and clinics to speak of care for the elderly as almost too sad to describe, she says. But I can tell you that whereas once I was incensed by a low-budget nursing home my aunt was placed in—now she says in America she had an aunt that was placed in a low-budget nursing home. She was very upset about that kind of care in America. Now that I have ministered to elderly people lying in narrow beds in the back corner of dingy two-room apartments because nursing homes or assisted-living programs are beyond the hopes of the people who supposedly have free access to their nation's health care system, I think of my aunt and am grateful she had a comparatively luxurious environment. So much for the elderly.

Let's talk a little bit about children. As for the care of children in a government-regulated system, let me give one example. As a public school teacher in a capital city, I was not allowed to help the orphan girl who lived with me to get glasses, though she obviously needed them. According to the school nurse in charge of the health of the children in that school, she did not qualify. Unfortunately, I did not realize then that this was my cue as caregiver to offer the nurse financial incentive to write the recommendation to request an eye exam at the government clinic. In other words, here is a little girl in a school that can't see properly, and you have to bribe someone in order to get an eye exam. So much for government care for children.